

SLAT'S Request for Public Comments on Coordination of Care for CSA
February 2, 2012

At the December SLAT meeting, there was an observation made that the state has a bifurcated process for Medicaid insured vs. CSA funded clients and their access to behavioral health care services. Clients needing community mental health services utilizing Medicaid insurance are required to undergo an independent clinical assessment to determine whether they meet the requirements for the level of service requested. CSA funded clients are not required to undergo an independent clinical assessment to access those same behavioral health care services.

The Government Reform Commission adopted several initiatives, one of which is: *“Support the authority of the SEC to adopt principles of care coordination as policy and to require compliance with such policies for access to state Pool Funds.”*

One of the key roles of SLAT is to advise the SEC on policy issues. Given the fact that the Government Reform Commission adopted this initiative, the SLAT believes it should take a proactive role in collecting a broad spectrum of public input from local governments, partner agencies, private providers and consumers on what coordinated care policies and/or practices should be considered by the SEC. The SLAT agreed to set aside the February meeting for the primary purpose to obtain public input on the topic of coordinated care for CSA and begin a discussion to develop recommendations to the SEC.

Points for discussion and for which the SLAT invites comment:

1. Should there be a similar requirement for an independent clinical assessment for clinical services funded by CSA?
2. If a Medicaid client is denied community-based services through the VICAP/KEPRO process (or under the new managed care contract), is it appropriate to use CSA funds for that service? (Current CSA guidance allows use of CSA funds under such circumstances?)
 - Are there appropriate non-clinical reasons to fund clinical services for youth under the CSA?
 - If services are needed for non-clinical reasons, are there appropriate non-clinical services available to meet youth and family needs?
3. CSA by its very nature and structure incorporates a variety of managed care/coordinated care processes which include but are not limited to:
 - Uniform assessment (CANS assessments)
 - Multidisciplinary team planning of services (FAPT reviews)
 - Utilization Management and Utilization reviews
 - Intensive Care CoordinationWhat is missing or what elements need enhancements?
4. What principles of care coordination are appropriate for non-clinical services funded under the CSA (e.g., family preservation services and special education services)?
5. How can the SEC ensure that CSA funds are used in accordance with sound principles of care coordination including those already a part of CSA and those to be recommended by the SLAT?